

RECEIVED
CENTRAL FAX CENTER

NOV 17 2005

FAX TRANSMISSION**DATE:** November 17, 2005**PTO IDENTIFIER:** Application Number 09/833089-Conf #8871
Patent Number**Inventor:** Jonathan DOCTOR et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** WILMER CUTLER PICKERING HALE AND DORR LLP

Irah H. Donner

PHONE: (212) 230-8800**Attorney Dkt. #:** 109469.122US1**PAGES (Including Cover Sheet):** 3**CONTENTS:** Change of Correspondence Address (1 page)
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (212) 230-8800 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

WILMER CUTLER PICKERING HALE AND DORR LLP
399 Park Avenue, New York, New York 10022
Telephone: (212) 230-8800 Facsimile: (212) 230-8888

PTO/SB/97 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

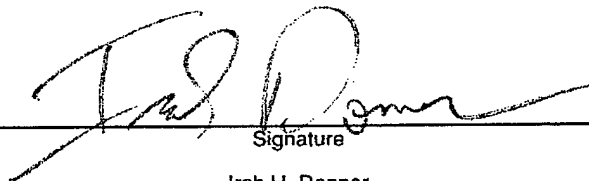
Application No. (if known): 09/833089

Attorney Docket No.: 109469.122US1

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on November 10, 2005
Date



Signature

Irah H. Donner

Typed or printed name of person signing Certificate

35,120
Registration Number, if applicable

(212) 230-8800
Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Change of Correspondence Address (1 page)

PTO/SB/122 (04-05)

Approved for use through 07/31/2006. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|---|----------------------|-----------------------|
| CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | Application Number | 09/833089-Conf. #8871 |
| | Filing Date | April 10, 2001 |
| | First Named Inventor | Jonathan DOCTOR |
| | Art Unit | 3626 |
| | Examiner Name | V. Frenel |
| | Attorney Docket No. | 109469.122US1 |

Please change the Correspondence Address for the above-identified application to:

☒ The address associated with Customer Number: 28089

OR

| | | | | | |
|---|---|-------|----|-------|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Irah H. Donner WILMER CUTLER PICKERING HALE AND DORR LLP | | | | |
| Address | 399 Park Avenue | | | | |
| City | New York | State | NY | Zip | 10022 |
| Country | US | | | | |
| Telephone | (212) 230-8800 | | | Email | |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
☐ Assignee of record of the entire interest.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
☒ Attorney or agent of record. Registration Number 35,120
☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature

Typed or Printed Name

Irah H. Donner

Date November 17, 2005

Telephone (212) 230-8800

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.